

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043376

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 101 Primary Registration District No. 5409 Registrar's No. 61

VS 300  
Rev. 4/59

1 0340

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED NOV 18 1963

|   |                           |   |                                    |
|---|---------------------------|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>DOUGLAS</b>   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>DOUGLAS</b>                       |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Miller Township</b>   |                           | c. CITY OR TOWN <b>MANSfield</b>  |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Home</b>  |                           | d. STREET ADDRESS (If outside, give location)<br><b>Rt. 2</b>   |                                    |
| 3. NAME OF DECEASED (Type or print)<br>First <b>RAY</b> Middle <b>Fieldon</b> Last <b>Ballew</b>  |                           | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>9</b> Year <b>1963</b>   |                                    |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>12-30-1901</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>TRUCKER</b>   |                           | 11. BIRTHPLACE (City and state or country)<br><b>DOUGLAS County Mo. U.S.A.</b>  |                                    |
| 13a. FATHER'S NAME<br><b>WILLIAM D. BALLEW</b>  |                           | 14. NAME OF HUSBAND OR WIFE<br><b>GEORGIA</b>   |                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                           | 17. INFORMANT<br><b>GEORGIA BALLEW MANSfield Mo.</b>  |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Extensive Myocardial Infarct</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) <b>2 yrs</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                           |   |                                    |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                           | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                    |
| 20c. TIME OF INJURY<br>Hour <b>11:30</b> a.m. p.m.<br>Month, Day, Year <b>11-8-63</b>   |                           | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                    |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                           | 20f. CITY, TOWN, OR LOCATION<br><b>MANSfield Mo.</b>  |                                    |
| 21. I attended the deceased from <b>Called at date of death</b> and last saw him alive on <b>11-8-63</b><br>Death occurred at <b>11:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                           | 22. ADDRESS<br><b>MANSfield Mo.</b>   |                                    |
| 22a. SIGNATURE<br><b>James L. Holmes</b>  |                           | 22c. DATE SIGNED<br><b>11/11/63</b>   |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                           | 23b. DATE<br><b>NOV. 12, 1963</b>   |                                    |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>PRAIRIE Hollow</b>   |                           | 23d. LOCATION (City, town, or county)<br><b>DOUGLAS County Mo.</b>  |                                    |
| 24. FUNERAL DIRECTOR<br><b>Max L. Miller</b>  |                           | 25. DATE RECD. BY LOCAL REG.<br><b>11-12-63</b>   |                                    |
| 26. REGISTRAR'S SIGNATURE<br><b>Uestab Bachman</b>  |                           |   |                                    |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.